



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

Gau 1) 614

Applicant: A. Aguzzi, et al.

Serial No.: 09/554,567

Filed: 9/01/2000

For: DIAGNOSTIC AND THERAPEUTICS
FOR TRANSMISSABLE SPONGIFORM
ENCEPHALOPATHY AND METHODS
FOR THE MANUFACTURE OF NON-
INFECTIVE BLOOD PRODUCTS AND
TISSUE DERIVED PRODUCTS

Group Art Unit: 1614

Examiner: (not yet assigned)

Case No.: 6458.US.Q1

Date: March 15, 2001

Certificate of Mailing under 37 CFR §1.8(a):
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**Assistant Commissioner for Patents
Washington, D.C. 20231**

on March 15, 2001

Name of person signing
this certificate: Wanda E. Smith

Signature:

Signature: Wanda C. Smith

TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

In regard to application, DIAGNOSTIC AND THERAPEUTICS FOR TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY AND METHODS FOR THE MANUFACTURE OF NON-INFECTIVE BLOOD PRODUCTS AND TISSUE DERIVED PRODUCTS, Serial No. 09/554,567, filed September 1, 2000, and previously filed through the Patent Cooperation Treaty (PCT) on 16 December 1998, having received International Application Number PCT/EP98/08271, enclosed herewith are:

1. Preliminary Amendment
2. Return Receipt Post Card (1)

The Commissioner is authorized to charge any filing fees required under 37 CFR 1.16, as well as any patent application processing fees under 37 CFR 1.17 associated with this communication for which full payment has not been tendered, to Deposit Account No. 01-0025. A duplicate copy of this sheet is enclosed.

Respectfully submitted,
A. Aguzzi, *et al.*

Mimi C. Goller
Registration No. 39-~~846~~
Attorney for Applicants

ABBOTT LABORATORIES
D-0377/AP6D-2
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of this sheet is enclosed.

Respectfully submitted,
A. Aguzzi, *et al.*

Mimi C. Goller
Mimi C. Goller
Registration No. 39476
Attorney for Applicants

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Signature:

Pre Amendmt
P#
45.01

Preliminary Amendment

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Please amend the specification as follows:

AMENDMENTS

IN THE CLAIMS:

Please add the following claims:

32. A method to test for the presence of transmissible spongiform encephalopathy
comprising:

obtaining a test sample;
collecting B-cells from said test sample; and
testing the B-cells for the presence of transmissible spongiform encephalopathy

A

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